

Registration Form Provincial Assembly

Desmond Hotel and Conference Center

Thursday, October 26, 4:00 p.m. to Saturday, October 28, 4:00 p.m., 2006

Check-in anytime after 3:00 p.m. Thurs.

Name: _____ Cabrini Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____ Email: _____

No, I am unable to attend

Yes, I will be attending

Full guest package w/**single** overnight guest room - \$420
(includes meetings, all meals and single overnight guest room)

Full guest package w/**double** overnight guest room - \$325
(includes meetings, all meals and double overnight guest room)

Sharing room with _____

If you will need a overnight guest room for Wed. evening – add'l \$129.00
single/\$144 double

Day guest package - \$200 (includes meetings, meals, **no** overnight guest room)

If you need to reserve an overnight guest room for an additional night(s) please indicate under “Special Needs.” (Wed. night single guestroom - \$129.00/\$144 double. Thurs., Fri., Sat. & Sunday nights - \$109 single/\$124 double).

Special Needs: _____

The billing will be handled in the following manner: You will be sent a credit card authorization form from the Province Formation Office. On it, you will be asked to list the credit card information and the list of those who will be paid for on that card. When you check in, you will also be asked to present your personal credit card for incidentals.

Please return this form no later than **September 21st** to the Province Formation Office by fax at 610-971-0396, email Cabriniformation@aol.com, or mail to:

*Missionary Sisters of the Sacred Heart of Jesus
Province Formation Office
Cabrini College – Mansion, 2nd Floor
610 King of Prussia Road
Radnor, PA 19087*

If cancellations are not made prior to October 5th, your credit card will be charged accordingly.